BEST AVAILABLE COPPIcation or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

60027.00434501

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
, — —			(Column 1)		(Column 2)		٦	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			22					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		* 2		Ì	X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			3 minus 3 =		* 9			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							i	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL	776
CLAIMS AS AMENDED - PART II								·			OTHER	THAN
		(Column 1)		(Colu	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T.C.LAINA	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							•	TOTAL ADDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)									,	ADDIT. FEE	
		(Column 1) CLAIMS			IMN 2) HEST	(Column 3)	1 1		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AIM	=		X42=		OR	X84=	
	FIRST PRESE	NIATION OF MI	ULTIPLE DE	CIADEIA	T CLAIN		J	+140=		OR	+280=	
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
					_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT CLAIR]=	┨┃	X42=		OR	X84=	
╙	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
۱.	If the entry in colu	ımn 1 is less than t	he entry in col	umn 2, wri	ite "0" in co	olumn 3.	ا	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOH ADDIT. FEE												
	The "Highest Nur	mber Previously Pa	aid For" (Total o	or Indepen	dent) is th	e highest numbe	er fo	und in the ap	propriate bo	x in co	lumn 1.	